

Attorney Docket No.: SAM-0396

Customer No.: 29344

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Kun-Hyung Lee, et al.

Examiner: Adams, Gregory W.

Serial No.:

10/619,112

Filing Date:

July 14, 2003

Group Art Unit: 3652

Title:

APPARATUS AND METHOD FOR PROCESSING WAFERS

#### CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Post Office as First Class Mail on the date indicated below in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Mail Stop Amendment Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

### TRANSMITTAL LETTER

Sir:

Enclosed herewith for filing in the above-identified patent application please find the following listed items:

- Amendment Transmittal; 1.
- Amendment A in response to Office Action mailed on May 6, 2005; 2.
- Supplemental Information Disclosure Statement; 3.
- Forms PTO-1449 and copies of cited references AC and AD; and 2.
- Return Postcard. 4.

In connection with the foregoing matter, please charge any additional fees which may be due, or credit any overpayment, to Deposit Account Number 50-1798. A duplicate copy of this letter is provided for this purpose.

Respectfully submitted,

Mills & Onello LLP

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Boston, MA 02108

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Registration Number 36,610 Attorney for Applicant.



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### AMENDMENT TRANSMITTAL

Sir:

1. Transmitted herewith is an amendment for this application.

#### STATUS

- Applicant is 2.
  - a small entity.
  - $\boxtimes$ other than small entity.

### **EXTENSION OF TERM**

- The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 3. apply.
- □ Applicant petitions for an extension of time under 37 CFR 1.136 (a)

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| Extension    | Fee for other than | Fee for      |  |  |
|--------------|--------------------|--------------|--|--|
| (months)     | small entity       | small entity |  |  |
| one month    | \$120.00           | \$60.00      |  |  |
| two months   | \$450.00           | \$225.00     |  |  |
| three months | \$1,020.00         | \$510.00     |  |  |
| four months  | \$1,590.00         | \$795.00     |  |  |

Fee \$

If an additional extension of time is required, please consider this a petition therefor.

| ☐ An extensi   | on for           | months has    | already bee | en secured and | d the fee paid |     |
|----------------|------------------|---------------|-------------|----------------|----------------|-----|
| therefor of \$ | is deducted from | the total fee | due for the | total months   | of extension   | now |
| requested.     |                  |               |             |                |                | -   |

Extension fee due with this request \$ \_\_\_\_\_

OR

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### **FEE FOR CLAIMS**

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

|                                   | CLAIM   | S AS AME | NDED  |                            |         |       |
|-----------------------------------|---|----------|---|----------------------------|---------|-------|
|                                   | (1)   | _        | (2)   | (3)                        |         | _     |
|                                   | CLAIMS REMAINING<br>AFTER<br>AMENDMENT                        |          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>NUMBER<br>EXTRA | RATE    | FEE . |
| TOTAL CLAIMS                      | 44  | minus    | 48  | 0                          | x \$50  | \$0   |
| INDEPENDENT CLAIMS                | 6   | minus    | . 6   | Ó                          | x \$200 | \$0   |
| MULTIPLE DEPENDENT CLAIM<br>ADDED | No  |          |   |                            | \$360   |       |
|                                   | rije  |          |   | тс                         | TAL     | \$0   |
|                                   | nas small entity status under<br>otal fee by 2 and enter amou |          | nd 1.27,                                    | SMALL EN<br>TOTAL          | TITY    |       |
|                                   |   |          |   |                            |         |       |

| Serial No.                           | : 10/619,112  |
|--------------------------------------|---|
| (c) 🛮                                | No additional fee for claims is required.   |
|                                      | OR  |
| (d) 🗆                                | Total additional fee for claims required \$   |
| •                                    |   |
|                                      | FEE PAYMENT   |
| 5.                                   | Attached is a check in the sum of \$ the sum of \$  Charge Deposit Account No the sum of \$  A duplicate of this transmittal is attached. |
|                                      | Respectfully submitted,   |
| Boston, M<br>Telephone<br>Facsimile: | acon Street, Suite 605 Registration Number 36,610   |